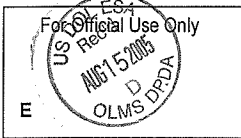


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6815</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>J</u> <u>Prohaska</u> P.O. Box, Bldg., Room No., if any Street <u>520 8th ave Suite 679</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10018</u>	4. Name, file number, and address of labor organization. Name <u>Laborers Local 79</u> Labor Organization File Number <u>540-323</u> P.O. Box, Building and Room Number, if any Street <u>520 8th ave Suite 679</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10018</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/09/2005</u> Date	<u>212-465-7955</u> Telephone Number

Name of Person Filing Michael Prohaska	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>New York State Laborers Tri Funds</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>16 Corporate Woods Blvd.</u></p> <p>City <u>Albany</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>12211</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u></u></p> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Expenditures associated with Cornell University Union Leadership Program.</u> <u>(Program fees, hotels, meals, transportation)</u></p> <p>12.b. Amount. <u>\$4,511</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

Name of Person Filing Michael Prohaska

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Greater New York LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 266 west 37th street 11th floor

City New York

State New York ZIP Code + 4 10018

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch meeting on 7/7/04

12.b. Amount.

\$29

Name of Person Filing Michael Prohaska

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Mason Tenders District Council PAC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 266 west 37th street 7th floor

City New York

State New York ZIP Code + 4 10018

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed expenses incurred attending legislative conference in washington DC March 28 thru 31 2004.
(Conference registration, hotel, transportation, meals)

12.b. Amount.

\$1,084

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8. Name and address of Business (including trade name, if any).

Name Buffalo Laborers Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2750 Harlem Road Suite 200

City Cheektowaga

State New York

ZIP Code + 4 14225

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Payments and expenditures related to attending quarterly trustee meetings and conferences (Hotels, meals, transportation, meeting room fees)

12.b. Amount.

\$4,076

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Marco Consulting Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 550 W. Washington Blvd Ninth Floor

City Chicago

State Illinois ZIP Code + 4 60661

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Buffalo Laborers Benefit Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2750 Harlem Road Suite 200

City Cheektowaga

State New York ZIP Code + 4 14225

11.a. Nature of such dealing.

Investment consultant to the Buffalo Laborers Pension and Security funds

11.b. Approximate dollar value of such dealing.

\$50,000

12.a. Nature of interest held or income received.

sponsored golf outing in conjunction with trustee conference

12.b. Amount.

\$88

Name of Person Filing Michael Prohaska

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.